

60540 242 # 6 PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CL. ESPONSE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>DAVID KIEWIT TRADemark OFF. FEB 3 1995 PALM HARBOR, FL 34683-2829</p> <p>26M2/1130</p> <p>PAPER TO BE RETURNED</p>		<p>INVENTOR'S NAME Jorge J. Rogers</p> <p>Street Address [Blank]</p> <p>City, State and ZIP Code [Blank]</p> <p>CO-INVENTOR'S NAME [Blank]</p> <p>Street Address [Blank]</p> <p>City, State and ZIP Code [Blank]</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>	
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT
08/251,133	05/31/94	021	ROGERS, S. 2612
First Named Applicant	INGA, JORGE J.		

TITLE OF INVENTION MEDICAL IMAGE SYSTEM WITH PROGRESSIVE RESOLUTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 ISS	358 403.000	670	UTILITY	YES	\$605.00	02/28/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. DAVID KIEWIT
2.
3.

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Date of type)

(1) NAME OF ASSIGNEE: AUTOMATED MEDICAL ACCESS CORP.
(2) ADDRESS: (CITY & STATE OR COUNTRY) TAMPA, FL

A. ☐ This application is NOT assigned.
☒ Assignment previously submitted to the Patent and Trademark Office.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

6a. The following fees are enclosed:
☒ Issue Fee ☐ Advance Order - # of Copies
6b. The following fees should be charged for:
DEPOSIT ACCOUNT NUMBER
(ENCLOSE PART C)
☐ Issue Fee ☐ Advance Order - # of Copies
☐ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
(Authorized Signature) [Signature] (Date) 01/30/95
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE